

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

IN RE \* BKRTCY. NO. 17-03864 BKT  
REYNALDO LOPEZ MORALES \* CHAPTER 13  
DEBTOR \*

**DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I" & "J"  
(OFFICIAL FORMS 106I & 106J)**

TO THE HONORABLE COURT:

COMES NOW, REYNALDO LOPEZ MORALES, the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

- 1.The Debtor is hereby submitting ***Amended Schedules "I" and "J"***, dated September 05, 2017, herewith and attached to this motion.
- 2.The amendment to Schedules "I" and "J" is filed to state the Debtor's current monthly income and expenses including a monthly "disposable income" of \$100.00 to fund the Debtor's proposed Chapter 13 Plan, and to state the Debtor's current monthly expenses, in the above captioned case.

**NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)**

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

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Notice of Amended Schedules "I" & "J"  
Case no. 17-03864 BKT13

### CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the debtor and to all creditors and interested parties appearing in the master address list, hereby attached.

**RESPECTFULLY SUBMITTED.** In San Juan, Puerto Rico, this 05<sup>th</sup> day of September, 2017.

/s/Roberto Figueroa Carrasquillo  
ROBERTO FIGUEROA CARRASQUILLO  
USDC #203614  
RFIGUEROA CARRASQUILLO LAW OFFICE PSC  
ATTORNEY FOR PETITIONER  
PO BOX 186 CAGUAS PR 00726  
TEL NO 787-744-7699 FAX 787-746-5294  
Email: rfigueroa@rfclawpr.com

Fill in this information to identify your case:	
Debtor 1	<u>REYNALDO LOPEZ MORALES</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>DISTRICT OF PUERTO RICO, SAN JUAN DIVISION</u>
Case number (if known)	<u>3:17-bk-3864</u>

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

## Official Form 106I

MM / DD / YYYY

12/15

### Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Employment status

Debtor 1

Employed  
 Not employed

Debtor 2 or non-filing spouse

Employed  
 Not employed

Include part-time, seasonal, or self-employed work.

Occupation

Warehouse Operator

Occupation may include student or homemaker, if it applies.

Employer's name

GSK GlaxoSmithKline

Employer's address

PO Box 13398  
Triangle Park, NC 27709

How long employed there?

7 years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>2,382.84</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>2,382.84</u>	\$ <u>N/A</u>

Debtor 1 LOPEZ MORALES, REYNALDO

Case number (if known) 3:17-bk-3864

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b>	<b>4.</b> \$ <u>2,382.84</u>	\$ <u>N/A</u>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>0.00</u>	\$ <u>N/A</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>N/A</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>N/A</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>N/A</u>
5e. Insurance	5e. \$ <u>0.00</u>	\$ <u>N/A</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>N/A</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>N/A</u>
5h. Other deductions. Specify: <u>401(k) Pre-tax PR 401K Loan #1</u>	5h.+ \$ <u>142.98</u>	+ \$ <u>N/A</u>
<u>PR Accidental Death &amp; Dis</u>	\$ <u>162.76</u>	\$ <u>N/A</u>
<u>PR Dental Plan</u>	\$ <u>1.04</u>	\$ <u>N/A</u>
<u>PR Medical Plan</u>	\$ <u>10.83</u>	\$ <u>N/A</u>
<u>Student Loan</u>	\$ <u>31.42</u>	\$ <u>N/A</u>
<u>State Tax-PR</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
<u>Medicare Ter-PR</u>	\$ <u>77.81</u>	\$ <u>N/A</u>
<u>OASDI Ter-PR</u>	\$ <u>34.56</u>	\$ <u>N/A</u>
	\$ <u>147.75</u>	\$ <u>N/A</u>
<b>6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.</b>	<b>6.</b> \$ <u>609.15</u>	\$ <u>N/A</u>
<b>7. Calculate total monthly take-home pay. Subtract line 6 from line 4.</b>	<b>7.</b> \$ <u>1,773.69</u>	\$ <u>N/A</u>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>N/A</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>N/A</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>N/A</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>N/A</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>N/A</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <u>0.00</u>	\$ <u>N/A</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>N/A</u>
8h. Other monthly income. Specify:	8h.+ \$ <u>0.00</u>	+ \$ <u>N/A</u>
<b>9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.</b>	<b>9.</b> \$ <u>0.00</u>	\$ <u>N/A</u>
<b>10. Calculate monthly income. Add line 7 + line 9.</b> Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>10.</b> \$ <u>1,773.69</u>	+ \$ <u>N/A</u> = \$ <u>1,773.69</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	<b>11.</b> +\$ <u>0.00</u>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies</b>	<b>12.</b> \$ <u>1,773.69</u>	
	Combined monthly income	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>	<input checked="" type="checkbox"/> No.	
	<input type="checkbox"/> Yes. Explain: <input type="text"/>	

Fill in this information to identify your case:

Debtor 1	REYNALDO LOPEZ MORALES
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF PUERTO RICO, SAN JUAN DIVISION
Case number (If known)	3:17-bk-3864

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?  No

Do not list Debtor 1 and Debtor 2.	<input type="checkbox"/> Yes. Fill out this information for each dependent.....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents names.				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?  No  
 Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ 0.00  
4b. \$ 0.00  
4c. \$ 0.00  
4d. \$ 0.00  
5. \$ 0.00

Debtor 1 LOPEZ MORALES, REYNALDO

Case number (if known) 3:17-bk-3864

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>150.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>50.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>152.94</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>175.75</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>60.00</u>
10. Personal care products and services	10. \$ <u>53.00</u>
11. Medical and dental expenses	11. \$ <u>10.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>217.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>34.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance.	
Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>0.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>571.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>
19.	
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: <u>Lunch at work</u> <u>Savings And/Or Emergency Funds</u>	
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>1,673.69</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>1,673.69</u>
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>1,673.69</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>1,773.69</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>1,673.69</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>100.00</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: _____

**Fill in this information to identify your case:**

Debtor 1	<b>REYNALDO LOPEZ MORALES</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF PUERTO RICO, SAN JUAN DIVISION		
Case number (if known)	3:17-bk-3864		

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

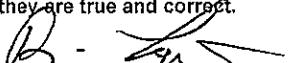
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X -   
REYNALDO LOPEZ MORALES  
Signature of Debtor 1

Date September 5, 2017

X \_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_

Label Matrix for local noticing

0104-3

Case 17-03864-BKT13

District of Puerto Rico

Old San Juan

Sat Sep 2 12:51:28 AST 2017

ACC Absolute Collections

PO Box 880306

San Diego, CA 92168-0306

POPULAR AUTO

PO BOX 366818

SAN JUAN, PR 00936-6818

US Bankruptcy Court District of P.R.

Jose V Toledo Fed Bldg & US Courthouse

300 Recinto Sur Street, Room 109

San Juan, PR 00901-1964

BANCO POPULAR DE PUERTO RICO

BANKRUPTCY DEPARTMENT

PO BOX 366818

SAN JUAN PR 00936-6818

Banco Popular de Puerto Rico

PO Box 362708

San Juan, PR 00936-2708

Bp-Crline  
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San Juan, PR 00936

DTOP  
PO Box 41269 Minillas Station  
San Juan, PR 00940-1269

Fedloan  
PO Box 60610  
Harrisburg, PA 17106-0610

GECRB/JC Penney  
PO Box 965007  
Orlando, FL 32896-5007

Midland Funding LLC  
2365 Northside Dr # 300  
San Diego, CA 92108-2709

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Wellington Presinal  
Collections Officer  
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San Juan, PR 00927-5142

JOSE RAMON CARRION MORALES  
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SAN JUAN, PR 00901

NOREEN WISCOVITCH RENTAS  
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REYNALDO LOPEZ MORALES  
HC 04 BOX 4296  
HUMACAO, PR 00791-8919

ROBERTO FIGUEROA CARRASQUILLO  
PO BOX 186  
CAGUAS, PR 00726-0186

End of Label Matrix  
Mailable recipients 20  
Bypassed recipients 0  
Total 20